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CONFIRMATION NO. 9691

<b>SERIAL NUMBER</b> 09/114,810	<b>FILING OR 371(c) DATE</b> 07/13/1998 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> CME-117
<b>APPLICANTS</b> ANTHONY ATALA, WESTON, MA; MARCELLE MACHLOUF, BROOKLINE, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/074,231 02/10/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 08/06/1998				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> , Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 50
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 021125				
<b>TITLE</b> ULTRASOUND-MEDIATED DRUG DELIVERY				
<b>FILING FEE RECEIVED</b> 1404	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	